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Image# 201609199030928493

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Autr	Torized Committee	Office	Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
WOMEN VOTE!				
ADDRESS (number and street)	1800 M Street, NW			
Check if different	Ste 375N			
than previously reported. (ACC)	Washington 		DC 200	36
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y <b>A</b>	STATE A	ZIP CODE ▲
C C00473918		S THIS NEW (N) OF	AMENDEI (A)	D
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	5) Aug 20 (M8	) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M6	Sep 20 (M9	Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	Oct 20 (M10	) Jan 31 (YE)
Quarterly Report (0	(c) 12-Day  PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (0		M = M / D = D	Y	in the
Year-End Report ()  July 31 Mid-Year		n on		State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on	Y Y Y Y Y	in the State of
5. Covering Period 08		through 08		2016
certify that I have examined th	nis Report and to the best of	my knowledge and belief it is	true, correct and comp	lete.
Type or Print Name of Treasure	Per Denise Feriozzi			
Signature of Treasurer Deni	ise Feriozzi	[Electronically Filed]		20 2016
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	this Report to the pena	lities of 2 U.S.C. §437g.
Office Use			FE	C FORM 3X Rev. 12/2004

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name WOMEN VOTE! 80 2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1525736.05 January 1, 2016 (b) Cash on Hand at 1768801.77 Beginning of Reporting Period..... 5531034.90 18354456.21 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 19880192.26 7299836.67 6(a) and 6(c) for Column B)..... 4203317.43 16783673.02 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3096519.24 3096519.24 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

_			_	
WO		<b>NIN</b>	-	
1/1//	N / I = I	N 1	,, , ,	

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1107750.00	7012068.53
(ii) Unitemized	470.00	5295.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1108220.00	7017363.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	4275000.00	10407866.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5202220 00	17425229.53
Totals to Line 33, page 5)▶	5383220.00	17423229.33
. Transfers From Affiliated/Other Party Committees	135000.00	855000.00
Party Committees	10000.00	00000.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	12814.90	74226.68
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5531034.90	18354456.21
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5531034.90	18354456.21

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
21. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calendar Year-to-Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	-693693.10	2508171.22		
(c) Total Operating Expenditures	602602.40	2508171.22		
(add 21(a)(i), (a)(ii), and (b))▶	-693693.10	2300171.22		
2. Transfers to Affiliated/Other Party  Committees	0.00	0.00		
3. Contributions to Federal Candidates/Committees and Other Political Committees	200000.00	725000.00		
4. Independent Expenditures	4572010.53	12/25501.90		
(use Schedule E)	4572010.53	13425501.80		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
6. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
9. Other Disbursements	125000.00	125000.00		
D. Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds (c) Total Federal Election Activity (add		0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4203317.43	16783673.02		
2. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	4203317.43	16783673.02		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5383220.00	17425229.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5383220.00	17425229.53
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	-693693.10	2508171.22
7. Offsets to Operating Expenditures (from Line 15, page 3)	12814.90	74226.68
88. Net Operating Expenditures (subtract Line 37 from Line 36)	-706508.00	2433944.54

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 65 Use separate schedule(s) (check only one)

111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b	11c		12	
	y information copied from such Reports and State for commercial purposes, other than using the										
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) WOMEN VOTE!										
	Full Name (Last, First, Middle Initial) Ronald Abramson  Mailing Address 1700 K Street, NW, #300  City Washington  FEC ID number of contributing federal political committee.  Name of Employer	State DC C	Zip Code 20006		mount	acti	09 on ID : 4 Each Re		20 <b>8</b> his F	016 Period 5000.0	
	Buchanan Ingersoll & Rooney  Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 20000.00								
В.	Full Name (Last, First, Middle Initial) Ronald Abramson Mailing Address 1700 K Street, NW, #300				ate of	Re	D = D	/ T		Y -	Y
	City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20006	08 11 2016  Transaction ID : 4742828  Amount of Each Receipt this Period  5000.00				00			
	Name of Employer Buchanan Ingersoll & Rooney  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Attorney Aggregate	Year-to-Date ▼ 20000.00		Mei	mo li	tem				
C.	Full Name (Last, First, Middle Initial) Ronald Abramson Mailing Address 1700 K Street, NW, #300			_	ate of	Re	ceipt	/ [		)16	Y
	City Washington  FEC ID number of contributing federal political committee.  Name of Employer	committee.				Transaction ID : 4743614  Amount of Each Receipt this Period  5000.00  Memo Item		00			
	Buchanan Ingersoll & Rooney  Receipt For:  Primary General  Other (specify) ▼	Attorney	Year-to-Date ▼ 20000.00		-						
s	UBTOTAL of Receipts This Page (optional)		·····		Ξ		,		1	5000.0	00
T	OTAL This Period (last page this line number o	nly)					,		Ι		

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 65 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WOMEN VOTE! Full Name (Last, First, Middle Initial) Ronald Abramson Date of Receipt Mailing Address 1700 K Street, NW, #300 2016 08 15 City Zip Code State Transaction ID: 4745809 DC Washington 20006 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer Occupation **Buchanan Ingersoll & Rooney** Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 20000.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Barker Date of Receipt Mailing Address 132 E. Delaware Pl. Apt. 5806 80 02 2016 City State Zip Code Transaction ID: 4726934 IL Chicago 60611 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Dentons US, LLP Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Berman Date of Receipt Mailing Address 13808 Ivywood Lane 2016 80 01 City State Zip Code Transaction ID: 4722966 MD Silver Spring 20904 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Covington & Burling LLP Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 7000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF 65 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WOMEN VOTE! Full Name (Last, First, Middle Initial) Susan Berman Date of Receipt Mailing Address 13808 Ivywood Lane 80 01 2016 City Zip Code State Transaction ID: 4722965 MD Silver Spring 20904 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation Self-Employed Acupuncturist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Burke Date of Receipt Mailing Address 320 Blackfield Drive 80 29 2016 City State Zip Code Transaction ID: 4765043 CA **Tiburon** 94920 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer Occupation Not-Employed Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name (Last, First, Middle Initial) c. Amanda Cross Date of Receipt Mailing Address 1349 Bay Dr 2016 80 19 Zip Code City State Transaction ID: 4754214 FL Sanibel 33957 Amount of Each Receipt this Period FEC ID number of contributing C 20000.00 federal political committee. Memo Item Name of Employer Occupation CWC Software Inc software developer Receipt For: Aggregate Year-to-Date ▼ Primary General 20000.00 Other (specify) 23500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE	Ė	9 (	)F	65
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WOMEN VOTE! Full Name (Last, First, Middle Initial) Geraldine Laybourne Date of Receipt Mailing Address 67 Orchard Drive 80 03 2016 City State Zip Code Transaction ID: 4729732 NY Rhinecliff 12574 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation President Oxygen Media, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Leiwant Date of Receipt Mailing Address 2 Baker Road 80 19 2016 City State Zip Code Transaction ID: 4754215 Medfield MA 02052 Amount of Each Receipt this Period FEC ID number of contributing 20000.00 federal political committee. Memo Item Name of Employer Occupation Not-Employed Not-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 55000.00 Full Name (Last, First, Middle Initial) c. Elizabeth Naftali Date of Receipt Mailing Address 10960 Wilshire Blvd Suite 700 26 2016 80 City State Zip Code Transaction ID: 4760563 CA Los Angeles 90024 Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Memo Item Name of Employer Occupation Self-Employed Investor Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

31000.00

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one)

<b>[</b>	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	ny information copied from such Reports and State for commercial purposes, other than using the			
$\rangle$	NAME OF COMMITTEE (In Full) WOMEN VOTE!			
Δ.	Full Name (Last, First, Middle Initial) Francene Rodgers  Mailing Address 100 Belvidere St  Apt 8g  City Boston  FEC ID number of contributing federal political committee.  Name of Employer  Not-Employed  Receipt For:  Primary General Other (specify)  Other (specify)	State MA  C Occupation Retired Aggregate	Zip Code 02199 Year-to-Date ▼	Date of Receipt  08 09 2016  Transaction ID: 4739741  Amount of Each Receipt this Period  10000.00  Memo Item
3.	Full Name (Last, First, Middle Initial)  Katherine Stechschulte  Mailing Address 2950 Avalon Ave.  City  Berkeley  FEC ID number of contributing federal political committee.  Name of Employer  REQUESTED  Receipt For:  Primary General  Other (specify)   Other (specify)	State CA  C  Occupation REQUESTE Aggregate		Date of Receipt  08 23 2016  Transaction ID: 4756933  Amount of Each Receipt this Period  1000.00  Memo Item
<b>3</b> .	Full Name (Last, First, Middle Initial)  Donald Sussman  Mailing Address 888 E. Las Olas Boulevard  City Fort Lauderdale  FEC ID number of contributing federal political committee.  Name of Employer  Trust Asset Management  Receipt For:  Primary  General  Other (specify)	State FL  C  Occupation Chairman Aggregate	Zip Code 33301 Year-to-Date ▼	Date of Receipt    M
	SUBTOTAL of Receipts This Page (optional)		·····	1011000.00
Т	OTAL This Period (last page this line number of	nlv)		

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17							
Any information copied from such Reports and Sta or for commercial purposes, other than using the r									
NAME OF COMMITTEE (In Full) WOMEN VOTE!									
Full Name (Last, First, Middle Initial) Sylvia Sykora Mailing Address 6250 Melville Dr.  City	Address 6250 Melville Dr.  State Zip Code								
Oakland  FEC ID number of contributing federal political committee.  Name of Employer  Not-Employed  Receipt For:  Primary  Other (specify)	CA 94611  C  Occupation Retired  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00  Memo Item							
Full Name (Last, First, Middle Initial)  Amanda Cross  Mailing Address 1349 Bay Dr  City Sanibel  FEC ID number of contributing federal political committee.  Name of Employer CWC Software Inc  Receipt For:  Primary General Other (specify)	State Zip Code FL 33957  C  Occupation software developer  Aggregate Year-to-Date ▼  40000.00	Date of Receipt  08 31 2016  Transaction ID: 4773140  Amount of Each Receipt this Period  20000.00  Memo Item							
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item							
SUBTOTAL of Receipts This Page (optional)		20250.00							
TOTAL This Period (last page this line number or	nly)	1107750.00							

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 65 (check only one)
TEMIZED RECEIF 13		for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions eto solicit contributions from such committee.
NAME OF COMMITTEE (In Full) WOMEN VOTE!			
Full Name (Last, First, Middle Initial) Amalgamated Transit Union - COF Mailing Address 5025 Wisconsin Ave NW  City Washington	Date of Receipt    M		
FEC ID number of contributing federal political committee.  Name of Employer	Occupation		10000.00 Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 10000.00	
Full Name (Last, First, Middle Initial)  American Association for Justice  Mailing Address 777 6th Street NW	PAC		Date of Receipt  08 10 2016
City Washington	State DC	Zip Code 20001	Transaction ID : 4741078  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50000.00  Memo Item
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate	Year-to-Date ▼  50000.00	
Full Name (Last, First, Middle Initial) CHC BOLD PAC Mailing Address PO Box 75357			Date of Receipt  08 23 2016
City Washington	State DC	Zip Code 20013	Transaction ID : 4755480  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150000.00
Name of Employer	Occupation		Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 150000.00	
SUBTOTAL of Receipts This Page (optional	)		210000.00
TOTAL This Period (last page this line numl	ber only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 65 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) WOMEN VOTE!		erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) For Our Future PAC  Mailing Address 888 16th Street, NW Ste 650  City Washignton  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20006  C Occupation  Aggregate Year-to-Date ▼ 750000.00	Date of Receipt  08 29 2016  Transaction ID: 4764117  Amount of Each Receipt this Period  750000.00  Memo Item
Full Name (Last, First, Middle Initial) Priorities USA  Mailing Address 1718 M Street NW #204  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20036  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  08 05 2016  Transaction ID: 4731004  Amount of Each Receipt this Period  1000000.00  Memo Item
Full Name (Last, First, Middle Initial)  Priorities USA  Mailing Address 1718 M Street NW #204  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20036  C Occupation  Aggregate Year-to-Date ▼ 8770000.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		3065000.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF 65						
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
11	EIVIIZED RECEIP 13		Detailed Summary Page	11a 11b <b>x</b> 11c 12						
				13 14 15 16 17						
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any peddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) WOMEN VOTE!									
Α.	Full Name (Last, First, Middle Initial) Priorities USA	Date of Receipt								
	Mailing Address 1718 M Street NW #204			08 26 _ 2016 _						
	City	State	Zip Code	Transaction ID : 4761972						
	Washington	DC	20036	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000000.00						
	Name of Employer Occupation			Memo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		8770000.00							
<del></del> В.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer	Occupation		Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼	7 iggi egale	A							
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt						
٥.	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		7 Allouit of Each Roosipt this Follow						
	Name of Employer	Occupation		Memo Item						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼							
S	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1000000.00						

TOTAL This Period (last page this line number only).....

4275000.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	Lies consents calculates	FOR LINE NUMBER: PAGE 15 OF 65
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) WOMEN VOTE!	ame and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PRIORITIES USA ACTION AND EMILY'S LIST WOME	N VOTE! JOINT FUNDRAISING COMMITTEE	Date of Receipt
Mailing Address 1800 M Street NW Suite 375N		08 04 _ 2016 _
City Washington	State Zip Code DC 20036	Transaction ID : 4773142  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135000.00
Name of Employer	Occupation	Memo Item     Distribution of Joint Fundraising Funds - See Attribution     Below
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  855000.00	
Full Name (Last, First, Middle Initial)  3. Gladys Cofrin		Date of Receipt
Mailing Address 14720 NW 13th PI		06 20 / 2016
City Newberry	State Zip Code FL 32669	Transaction ID : 4773143  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135000.00
	Occupation Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  135000.00	Transfer from PRIORITIES USA ACTION AND EMILY'S LIST WOMEN VOTE! JOINT FUNDRAISING COMMITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		135000.00
TOTAL This Period (last page this line number or	nly)	135000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 65 (check only one)  11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  WOMEN VOTE!		rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Priorities USA  Mailing Address 1718 M Street NW #204  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20036  C  Occupation  Aggregate Year-to-Date ▼  0.00	Date of Receipt  08 23 2016  Transaction ID: 4773141  Amount of Each Receipt this Period  12814.90  Memo Item  Ad Production
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)  Other (specify)	State Zip Code  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M.M. / D.D. / Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.
SUBTOTAL of Receipts This Page (optional)	······	12814.90
TOTAL This Period (last page this line number	only)	12814.90

SCHEDULE B (FEC Form 3X)	Har are to the total	, FOR LINE	NUMBER:	PAGE 17 OF 65
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	<b>X</b> 21b 27	22 23 28a 28b	24 25 26 28c 29 30
And information and discount D				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	71-			
WOMEN VOTE!				
Full Name (Last, First, Middle Initial)				
A. Authorize.net			Date of Disburse	ement
Mailing Address 808 East Utah Valley Drive			08 0	2 2016
City	State Zip Code		Transastian ID	- CD04D 0C0
American Fork	UT 84003		Transaction ID	: 38218-868
Purpose of Disbursement Credit Card Service Charges			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		82.25
Office Sought: House Disbursen	nent For:	Турс	Memo Item	
	Primary General		I Memoritem	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Dishuma	
B. First Data Merchant Services			Date of Disburse	
Mailing Address PO Box 6010			08 0	2016
,	State Zip Code		Transaction ID	: SB21B-869
Hagerstown Purpose of Disbursement	MD 21741			<del></del>
Credit Card Service Charges			Amount of Each	Disbursement this Period
Candidate Name		Category/	3. 2301	
		Type		946.38
Office Sought: House Disbursen		1	Memo Item	
	Primary General		_	
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Zoe Bulls			Date of Disburse	ement
			M M / D	
Mailing Address 2500 Wisconsin Ave, Apt 746				4 2016
City	State Zip Code		Tues	- CD04D 040
Washington	DC 20007		Transaction ID	: SB21B-812
Purpose of Disbursement Travel/Accommodation /Meals			Amount of Each	Disbursement this Period
Candidate Name		Category/	Amount of Lacif	Dispuisement this Fellon
		Type		58.26
Office Sought: House Disbursen			Memo Item	
	Primary General		_	
President District:	Other (specify) ▼			
State: District:				
CURTOTAL of Diphyroamonto This Dane (antique)				1086.89
SUBTOTAL of Disbursements This Page (optional)		·····		1000.00
TOTAL This Period (last nage this line number only)				

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) WOMEN VOTE!				
Full Name (Last, First, Middle Initial)  A: Dixon Davis Media Group, LLC			Date of Disbursement	
Mailing Address 1028 33rd Street NW Suite 300	7: 0.1		08 04 2016	
Washington	State Zip Code DC 20007		Transaction ID : SB21B-813	
Purpose of Disbursement Polling/Surveys Candidate Name		Category/	Amount of Each Disbursement this Period	
Office Sought:    House   Disburse	ment For: Primary General Other (specify) ▼	Туре	31817.00 Memo Item	
Full Name (Last, First, Middle Initial)  3. GBA Strategies			Date of Disbursement	
Mailing Address 1901 L St NW Suite 702			08 04 2016	
City Washington Purpose of Disbursement Polling/Surveys	State Zip Code DC 20036		Transaction ID : SB21B-814	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 26000.00	
Office Sought: House Disburse	ment For:		Memo Item	
Senate President State: District:	Primary General Other (specify) ▼			
Senate President	·		Date of Disbursement	
Senate President State: District:  Full Name (Last, First, Middle Initial)	·		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Senate President State: District:  Full Name (Last, First, Middle Initial)  Teal Media  Mailing Address 704 G Street NE  City Washington	·		M = M / D = D / Y = Y = Y	
Senate President State: District:  Full Name (Last, First, Middle Initial)  Teal Media  Mailing Address 704 G Street NE  City	Other (specify)   State Zip Code DC 20002	Category/ Type	08 / 04 / 2016	
Senate President State: District:  Full Name (Last, First, Middle Initial)  Teal Media  Mailing Address 704 G Street NE  City Washington Purpose of Disbursement Design/Graphics  Candidate Name	Other (specify)   State Zip Code DC 20002	Category/ Type	Transaction ID : SB21B-822  Amount of Each Disbursement this Period	
Senate President State:  District:  Full Name (Last, First, Middle Initial)  Teal Media  Mailing Address 704 G Street NE  City Washington Purpose of Disbursement Design/Graphics  Candidate Name  Office Sought:  House Senate President	Other (specify)   State Zip Code DC 20002  ment For: Primary General Other (specify)   Other (specify)	Type	Transaction ID : SB21B-822  Amount of Each Disbursement this Period  4012.50	

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  WOMEN VOTE!  Full Name (Last, First, Middle Initial)	ents may not be sold or used e and address of any political	I by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Benenson Strategy Group  Mailing Address 720 S. Colorado Blvd			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 7	tate Zip Code CO 80246	; ; ]	Transaction ID : SB21B-828  Amount of Each Disbursement this Period
		Category/ Type	18000.00 Memo Item
Full Name (Last, First, Middle Initial)  B. Blackbaud Merchant Services  Mailing Address 2000 Daniel Island Drive			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,		Category/ Type	Transaction ID : SB21B-870  Amount of Each Disbursement this Period  1351.74  Memo Item
Senate President State: District:  Full Name (Last, First, Middle Initial)	Primary General  Other (specify) ▼		
C. Global Strategy Group  Mailing Address 215 Park Ave South  15th Floor  City S	tate Zip Code		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
New York Purpose of Disbursement Polling/Surveys Candidate Name	NY 10003	Category/ Type	Amount of Each Disbursement this Period 23700.00
	ent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			43051.74

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  WOMEN VOTE!  Full Name (Last, First, Middle Initial)			
A. Precision Network, LLC  Mailing Address 1140 Connecticut Ave NW			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington	tate Zip Code DC 20036-4010		Transaction ID : VN7A7A31501
Purpose of Disbursement Digital Advertising Offset-See Line 24 Schedule E Candidate Name	[	004 Category/ Type	Amount of Each Disbursement this Period -140664.51
Senate	pent For: 2016 Primary		Memo Item
B. Precision Network, LLC			Date of Disbursement
Mailing Address 1140 Connecticut Ave NW Ste 800	toto 7 0 i		08 09 2016
•	tate Zip Code DC 20036-4010	00:	Transaction ID : VN7A7A31527
Candidate Name	l	004 Category/ Type	Amount of Each Disbursement this Period -273054.65
Senate	pent For: 2016 Primary		Memo Item
Full Name (Last, First, Middle Initial)  C. Precision Network, LLC			Date of Disbursement
Mailing Address 1140 Connecticut Ave NW Ste 800			08 31 2016
,	ztate Zip Code DC 20036-4010		Transaction ID : VN7A7A31535
Digital Advertising Offset-See Line 24 Schedule E  Candidate Name		004 Category/ Type	Amount of Each Disbursement this Period -281737.71
Senate	nent For: 2016  Primary  General  Other (specify)	.,,,,,	Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			-695456.87

# SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
	for each category of the Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		d by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  WOMEN VOTE!	o and address of any politica	. committee to	CONC. CONTRIBUTIONS HOLD SUCH COMMITTEE.
Full Name (Last, First, Middle Initial)			
A. Precision Network, LLC			Date of Disbursement
Mailing Address 1140 Connecticut Ave NW Ste 800			08 31 2016
City	State Zip Code DC 20036-4010		Transaction ID : VN7A7A31543
Purpose of Disbursement	20030 4010		
Digital Advertising Offset-See Line 24 Schedule E  Candidate Name		004	Amount of Each Disbursement this Period
		Category/ Type	-104204.36
Senate President	nent For: 2016  Primary		Memo Item
State: District: Full Name (Last, First, Middle Initial)			
B			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify)	775	Memo Item
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y Y
	State Zip Code		
Purpose of Disbursement	State Zip Codo		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	1)	Memo Item
2.55.75.			10100100
SUBTOTAL of Disbursements This Page (optional)		······	-104204.36
TOTAL This Period (last page this line number only).			-693693.10

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)  WOMEN VOTE!	nents may not be sold or used ne and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. House Majority PAC  Mailing Address 2100 Pennsylvania Ave NE Ste 545			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code DC 20037		Transaction ID : SB23-834
Washington Purpose of Disbursement Committee Contribution Candidate Name	20031	Category/	Amount of Each Disbursement this Period 200000.00
	nent For: Primary General Other (specify)	Туре	Memo Item
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement
Mailing Address			
,	State Zip Code		
Purpose of Disbursement  Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	Туре	Memo Item
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement  Candidate Name	[	Category/	Amount of Each Disbursement this Period
		Туре	Memo Item
			200000.00
TOTAL This Period (last page this line number only)			200000.00

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	d by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) WOMEN VOTE!			
Full Name (Last, First, Middle Initial)  Vermonters for Strong Leadership  Mailing Address PO Box 67			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code		Transaction ID : SB29-824
Montpelier Purpose of Disbursement Committee Contribution Candidate Name	VT 05601	Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	7,71	Memo Item
Full Name (Last, First, Middle Initial)  3.  Mailing Address			Date of Disbursement
	State Zip Code		
Purpose of Disbursement  Candidate Name			Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate President State: District:		Category/ Type	Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address	Zin Onda		
City S Purpose of Disbursement	State Zip Code		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			125000.00
TOTAL This Period (last page this line number only)			125000.00

## SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
×	10

65

24 OF

NAME OF COMMITTEE (In Full) WOMEN VOTE! A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailhouse Moxie Media Mailing Address PO Box 30084 State Zip Code WA Seattle 98113-2084 Transaction ID: VN5BQ9HCA51 Outstanding Balance Beginning This Period 9669.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9669.72 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailouse Moxie Media Mailing Address PO Box 30084 City State Zip Code Seattle WA 98113-2084 Outstanding Balance Beginning This Period Transaction ID: VN5BQ9HCA69 9669.72 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 9669.72 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailhouse Moxie Media Mailing Address PO Box 30084 City State Zip Code WA 98113-2084 Seattle Transaction ID: VN5BQ9HCA76 Outstanding Balance Beginning This Period 8625.12 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 8625.12 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) >

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 25 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

65

AME OF COMMITTEE (In Full)  VOMEN VOTE!		
A. Full Name (Last, First, Middle Initial) of Debt  Moxie Media	Nature of Debt (Purpose): Mailhouse	
Mailing Address PO Box 30084		_
City State Seattle	Zip Code WA 98113-2084	
Outstanding Balance Beginning This Period	30110 2004	Transaction ID : VN5BQ9HCA84
9669.72		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	9669.72	0.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): Mailhouse
Mailing Address PO Box 30084		
City State Seattle	Zip Code WA 98113-2084	
Outstanding Balance Beginning This Period	WA 30113-2004	Transaction ID : VN5BQ9HCA92
9669.72		Transaction D : VIODESTICASE
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	9669.72	0.00
C. Full Name (Last, First, Middle Initial) of Debt Priorities USA	for or Creditor	Nature of Debt (Purpose): Media Production
Mailing Address 601 13th St NW Ste 610N		
City Washington	State         Zip Code           DC         20005-3807	
Outstanding Balance Beginning This Period		Transaction ID: VN5BQ9HCA43
54500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	54500.00	0.00
) SUBTOTALS This Period This Page (optional)		0.00
) TOTALS This Period (last page this line number	TOTALS This Period (last page this line number only)	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	, , , , , , , , , , , , , , , , , , , ,
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EMIZED INDEPENDENT EXPENDITURES		FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	VOMEN VOTE!		C C00473918
Ch	neck if 24-hour report 48-hour report New report	ort Amends report	t filed on Man / Dab / Yayayay
	Full Name of Payee AL Media LLC	Memo Iten	Date of Fability Distribution, Dissortiffication
			08 / D D / Y 2016
	Mailing Address 222 W Ontario St		Amount
	Ste 600 City State	Zip Code	5000.00
	City State Chicago IL	60654-3655	Transaction ID : VN7A7A2BSS7 Date of Disbursement or Obligation
	Purpose of Expenditure Media Production	Category/ Type 004	08 / 18 / 2016
	Name of Federal Candidate	<b>✗</b> Support (	Office Sought:
	Susannah Randolph	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:   ✓ Primary General  Other (specify)   ✓
	Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
	AL Media LLC		08 17 2016
	Mailing Address 222 W Ontario St		Amount
	Ste 600		
	City State Chicago IL	Zip Code 60654-3655	2500.00  Transaction ID: VN7A7A2BST5  Date of Disbursement or Obligation
	Purpose of Expenditure Media Production	Category/ Type 004	M 08 / 18 / 2016
	Name of Federal Candidate	Support	Office Sought:   House District: 09
	Dena Grayson MD, PHD	<b>x</b> Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:   ✓ Primary General  Other (specify) ✓
	(a) SUBTOTAL of Itemized Independent Expenditures		7500.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	·
	Caroline Fines	nically Filed]	M   M
	Signature	Date Date	03 03 2016

CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPENI				PAGE 27 OF 65
14M5 05 00MMTT55 (1 5 II)				FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full) WOMEN VOTE!				FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE:				C C00473918
Check if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed	I on M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo It	tem	Date of Public Distribution/Dissemination
AL Media LLC				08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 222 W Ontario St				Amount
Ste 600				Amount
City	State	Zip Code		2500.00
Chicago	IL	60654-3655		Transaction ID : VN7A7A2BSV3 Date of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004		08 18 2016
Name of Federal Candidate		Support	Office	e Sought: X House District: 09
Darren Soto		X Oppose		President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	140780.84	Disbi 2016	ursement For:   Primary General  Other (specify) ▶
Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
AL Media LLC				08 17 2016
Mailing Address 222 W Ontario St				Amount
Ste 600				20202 22
City	State	Zip Code		20000.00
Chicago	IL	60654-3655		Transaction ID: VN7A7A2BSW1 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Digital		Category/ Type 004		08 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Offic	e Sought:   House District: 09
Susannah Randolph		Oppose		President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disb 2016	
<u> </u>	, , , , , , , , , , , , , , , , , , , ,			Other (specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		▶	22500.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		·· •	
(c) TOTAL Independent Expenditures			▶	
	a lindamandant area and	was autod barrets or		ade in cooperation, consultation, or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines	[Electronically Filed]	Date	03	03	/	2016
Signature						

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURE	ES			PAGE 28 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
WOMEN VOTE!			C	C00473918
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee AL Media LLC		☐ Memo Ite	M I	
Mailing Address 222 W Ontario St			08 Amount	17 2016
Ste 600	01-10	7 0-4-		40000 00
City Chicago	State IL	Zip Code 60654-3655		10000.00 on ID: VN7A7A2BSY7 Disbursement or Obligation
Purpose of Expenditure Media Buy Digital		Category/ Type 004	08	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	★ House District:09
Dena Grayson MD, PHD		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disbursement For 2016 Other	or:   ✓ Primary General  r (specify)   ✓
Full Name of Payee AL Media LLC		☐ Memo Itel	Date of 1	
Mailing Address 222 W Ontario St			08 Amount	3 17 2016
Ste 600	State	Zip Code		10000.00
City Chicago	IL	60654-3655		on ID : VN7A7A2BSZ5 Disbursement or Obligation
Purpose of Expenditure Media Buy Digital		Category/ Type 004	08	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	<b>✗</b> House District:09
Darren Soto		<b>x</b> Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disbursement For 2016 Othe	or: <b>X</b> Primary General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		<b>•</b> [ ]	20000.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				*****
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	didate or authorized			
Caroline Fines	[Electroi	nically Filed] Date	M M / D	03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ J J Date		2010

Signature

TEMIZED INDEPENDENT EXPENDITURI	ES			PAGE 29 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
WOMEN VOTE!				FEC IDENTIFICATION NUMBER ▼
VVOIVIEIV VOTE.				C C00473918
Check if 24-hour report 48-hour report	New rep	ort Amends rep	ort filed	I on M M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo I	ltem	Date of Public Distribution/Dissemination
Ambrosino Muir Hansan Crounse				09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5500 Sansome Street				Amount
Suite 404				Amount
City	State	Zip Code		119370.00
Washington	DC	94111		Transaction ID : VN7A7A2Z3V4  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse		Category/ Type 004		08 31 / 2016
Name of Federal Candidate		Support	Office	e Sought: House District: 00
Patrick Toomey		X Oppose		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	1451668.29	Disbu 2016	ursement For:  Primary  General  Other (specify) ▶
Full Name of Payee		☐ Memo It	em	Date of Public Distribution/Dissemination
Catalist, LLC				08 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1090 Vermont Ave NW				
Ste 300				Amount
City	State	Zip Code		500.00
Washington	DC	20005-4966		Transaction ID: VN7A7A25MR2 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse		Category/ Type 004		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>X</b> Support	Offic	e Sought: X House District: 10
Val Demings		Oppose		President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		56754.60	Disbi 2016	ursement For: X Primary General
Tot Election for Cinica Coagnit				Other (specify) -
(a) SUBTOTAL of Itemized Independent Expendent	itures		▶	119870.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		··· <b>•</b>	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Caroline Fines	[Electron	ically Filed]		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

2016

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Date

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 30 OF 65 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	WOMEN VOTE!		C C00473918
Cł	heck if 24-hour report 48-hour report New rep	eport Amends report	t filed on MMM / DDD / YYYYY
	Full Name of Payee	☐ Memo Iten	m Date of Public Distribution/Dissemination
	Catalist, LLC		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1090 Vermont Ave NW		Amount
	Ste 300		
	City State	Zip Code	773.23
	Washington DC	20005-4966	Transaction ID: VN7A7A29R77  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	<b>✗</b> Support (	Office Sought:    House District: 26
	Annette Taddeo	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:   ✓ Primary General  Other (specify)   ✓
	Full Name of Payee	☐ Memo Item	
	Catalist, LLC		08 26 2016
	Mailing Address 1090 Vermont Ave NW		Amount
	Ste 300		
	City State	Zip Code	1305.09
	Washington DC	20005-4966	Transaction ID: VN7A7A2JPW9  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 31 / 2016
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Joe Heck	X Oppose	President Senate State: NV
	Calendar Year-To-Date		Disbursement For: Primary X General
	Per Election for Office Sought	92819.05	2016 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		2078.32
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(4) 00210112 5: 5:111	••••	7 1 7
	(c) TOTAL Independent Expenditures		<b>)</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Caroline Fines	onically Filed]	03 03 2016
	Signature	Date	03 03 2010

## SCHEDULE E (FEC Form 3X)

Some Bole E (i Eo i omi ox)			
TEMIZED INDEPENDENT EXPENDITURES		PAGE 31 FOR LINE 24	OF 65 4 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATIO	
WOMEN VOTE!		C C00473918	
Check if 24-hour report 48-hour report New re	eport Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee	Memo Ite	m Date of Public Distribution/[	Dissemination
Mission Control, Inc.		08 / D D /	2016
Mailing Address 624 Hebron Ave		Amount	
City State	Zip Code		9907.06
Glastonbury	06033-2470	Transaction ID: VN7A7A27  Date of Disbursement or O	
Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 18 /	2016
Name of Federal Candidate	<b>✗</b> Support	Office Sought: X House [	District:09
Susannah Randolph	Oppose	President Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought	140780.84	Disbursement For: X Primary 2016	General
	☐ Memo Ite	Other (specify) -	
Full Name of Payee Mission Control, Inc.	□ Memo ite	M M / D D /	Y Y Y Y Y
Mailing Address		08 12	2016
624 Hebron Ave		Amount	
City State	Zip Code		4953.53
Glastonbury CT	06033-2470	Transaction ID: VN7A7A27  Date of Disbursement or O	
Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 18 /	2016
Name of Federal Candidate	Support	Office Sought: X House I	District:09
Darren Soto	<b>x</b> Oppose	President Senate	State: FL
Calendar Year-To-Date	140780.84	Disbursement For:  Primary 2016 Primary	General
Per Election for Office Sought	140700.04	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	14860.59
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		·	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	•	
Caroline Fines [Electro	onically Filed]	M M / D D / Y Y Y 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	
Signature	Date	2010	

### S ITI

CHEDULE E (FEC Form 3X)	_		
EMIZED INDEPENDENT EXPENDITURES	F	PAGE	32
	F	OR LIN	NE 24 (
AME OF COMMITTEE (In Full)	FEC IDE	NTIFIC	ATION

TE	MIZED INDEPENDENT EXPENDITURES		PAGE 32 OF 65 FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	OMEN VOTE!		C C00473918
Che	eck if 24-hour report 48-hour report New report	ort Amends report	filed on M M M / D D / Y Y Y Y Y
П	Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
	Mission Control, Inc.		08 12 2016
	Mailing Address 624 Hebron Ave		Amount
ŀ	City State	Zip Code	4953.53
	Glastonbury	06033-2470	Transaction ID: VN7A7A27RM5  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08
	Name of Federal Candidate	Support C	Office Sought:   House District: 09
	Dena Grayson MD, PHD	<b>x</b> Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		016 Other (specify) ▶
ľ	Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
	Mission Control, Inc.		08 15 2016
	Mailing Address 624 Hebron Ave		Amount
ŀ	City State	Zip Code	9442.56
	Glastonbury CT	06033-2470	Transaction ID : VN7A7A29R93  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 18 / 2016
ľ	Name of Federal Candidate	🗶 Support (	Office Sought:   House District: 09
	Susannah Randolph	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:   ✓ Primary General  Other (specify)   ✓
(	(a) SUBTOTAL of Itemized Independent Expenditures		14396.09
(	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Caroline Fines [Electron	ically Filed]	03 03 2016
	Signature	Date	

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDIT					PAGE 33 FOR LINE 2	OF 65 4 OF FORM 3X
NAME OF COMMITTEE (In Full)				FFC I	DENTIFICATIO	N NUMBER ▼
WOMEN VOTE!				C	C00473918	
Check if 24-hour report 48-hour rep	port New rep	ort Amends repo	ort filed on	M = M	/ D D /	Y = Y = Y = Y
Full Name of Payee Mission Control, Inc.		☐ Memo It	em Date	e of Publ	ic Distribution/I	Dissemination 2016
Mailing Address 624 Hebron Ave			Ame	ount	10	2010
City	State	Zip Code				4721.28
Glastonbury	СТ	06033-2470			D: VN7A7A29 oursement or O	RA1
Purpose of Expenditure Mailhouse		Category/ Type 004		M M M	18	2016
Name of Federal Candidate		Support	Office Sou	aht:	<b>✗</b> House [	District: 09
Dena Grayson MD, PHD		<b>x</b> Oppose		ident [	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disbursem 2016		Primary pecify) ▶	General
Full Name of Payee Mission Control, Inc.		☐ Memo lte	em Dat	e of Pub	lic Distribution/	Dissemination 2016
Mailing Address 624 Hebron Ave			Am	ount		
City	State	Zip Code				4721.28
Glastonbury	СТ	06033-2470			D: VN7A7A29 oursement or C	
Purpose of Expenditure Mailhouse		Category/ Type 004		08 08	18	2016
Name of Federal Candidate		Support	Office Sou	aht:	<b>X</b> House	District: 09
Darren Soto		<b>x</b> Oppose		ident	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disbursem 2016		<b>x</b> Primary specify) ►	General
(a) SUBTOTAL of Itemized Independent Ex	penditures				7	9442.56
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	-7		
(c) TOTAL Independent Expenditures			•		-7-	
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Caroline Fines			M	/ D - T	) / V V	Y   Y

[Electronically Filed]

2016

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03

Date

	CHEDULE E (FEC Form 3	BX)							
	MIZED INDEPENDENT EXPEN					PAGE 34	<u> </u>		
NIA	ME OF COMMITTEE (In Full)					FOR LINE	24 OF FORM 3X		
	/OMEN VOTE!				FEC II	DENTIFICAT	ION NUMBER ▼		
V	OWEN VOTE:				C	C00473918			
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed	on Man	/ D D /	Y II Y II Y II Y		
	Full Name of Payee		☐ Memo It	em	Date of Publi	c Distribution	n/Dissemination		
	Mission Control, Inc.				M M M	/ 17	2016		
	Mailing Address				00	17	2010		
	624 Hebron Ave				Amount				
	City	State	Zip Code		L		6554.45		
	Glastonbury	СТ	06033-2470		Transaction II				
	Purpose of Expenditure		Category/	_	Date of Disb	/ D D	Obligation		
	Mailhouse		Type 004		08	18	2016		
	Name of Federal Candidate		V Cupport	Office	Sought:	<b>X</b> House	District: 09		
	Susannah Randolph		Support Oppose	Onice		_			
	<u> </u>		Oppose		President	Senate	State.		
	Calendar Year-To-Date Per Election for Office Sought		140780.84	2016	other (s		y General		
	Full Name of Payee		Memo Ite	em	Date of Publ	ic Distribution	n/Dissemination		
	Mission Control, Inc.				08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address								
	624 Hebron Ave				Amount				
	City	State	Zip Code				3277.22		
	Glastonbury	CT	06033-2470		Transaction II	D : VN7A7A2			
					Date of Disb	ursement or	Obligation		
	Purpose of Expenditure  Mailhouse		Category/ Type 004		M M M	18	2016		
			Турс						
	Name of Federal Candidate		Support	Office	e Sought:	<b>X</b> House	District:09		
	Dena Grayson MD, PHD		<b>x</b> Oppose		President	Senate	State:FL		
	Calendar Year-To-Date		1		ursement For:	<b>x</b> Primar	y General		
	Per Election for Office Sought		140780.84	2016	Other (s	pecify) ►			
	(a) SUBTOTAL of Itemized Independent	Expenditures		▶			9831.67		
					7	7			
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•					
				-			100		
	(c) TOTAL Independent Expenditures								
					-7	7			

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines	[Electronically Filed]	Date	03	/	03	/	2016
gnature							

	aye# 201009199030920321	261								
	CHEDULE E (FEC Form 3									
ITE	EMIZED INDEPENDENT EXPEN	DITURES			PAGE 35 OF 65					
					FOR LINE 24 OF FORM 3X					
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼					
V	VOMEN VOTE!				C C00473918					
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo		M / D D / Y Y Y Y					
	Full Name of Payee		☐ Memo It	em Date o	of Public Distribution/Dissemination					
	Mission Control, Inc.			M	_M / D D / Y Y Y Y					
	Mailing Address			L	08 17 2016					
	624 Hebron Ave			Amou	nt					
	City	State	Zip Code	— I .	3277.23					
	Glastonbury				action ID : VN7A7A2BSR0 of Disbursement or Obligation					
	Purpose of Expenditure		Category/	Date						
	Mailhouse		Type 004	IJ   Ľ	08 18 2016					
	Name of Federal Candidate		Support	Office Sough	t: <b>X</b> House District:09					
	Darren Soto		X Oppose	Preside						
	Calendar Year-To-Date Per Election for Office Sought	7	140780.84	Disbursemen 2016	t For:					
	Full Name of Payee	☐ Memo Ite		e of Public Distribution/Dissemination						
	Mission Control, Inc.			M = M / D = D / Y = Y = Y = Y = Y = 08 19 2016						
	Mailing Address 624 Hebron Ave				1					
	024 H0010H7170			Amou	Amount					
	City	State	Zip Code	<u> </u>	6495.45					
	Glastonbury	СТ	06033-2470		Transaction ID : VN7A7A2CXA4  Date of Disbursement or Obligation					
	Purpose of Expenditure		Category/							
	Mailhouse		Type 004	-J   L	08 18 2016					
	Name of Federal Candidate		<b>✗</b> Support	Office Sough	t: K House District: 09					
	Susannah Randolph		Oppose	Preside						
	Calendar Year-To-Date			Disbursemen	t For: 🗶 Primary General					
	Per Election for Office Sought		140780.84	2016 0	ther (specify) -					
				1						
	(a) SUBTOTAL of Itemized Independent	Expenditures		•	9772.68					
	(b) SUBTOTAL of Unitemized Independent Expenditures				• • • • • • • • • • • • • • • • • • • •					
(c) TOTAL Independent Expenditures					4 4					
				•						

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines	[Electronically Filed]	Date	03	03	/	2016
Signature						

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITUR	)EC		DIOT 00 05 05
TEMIZED INDEPENDENT EXPENDITOR	iE3		PAGE 36 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!			C C00473918
Check if 24-hour report 48-hour report	New	report Amends repo	rt filed on
Full Name of Payee		Memo Ite	Date of Public Distribution/Dissemination
Mission Control, Inc.			08 19 2016
Mailing Address 624 Hebron Ave			Amount
City	State	Zip Code	3247.73
Glastonbury	СТ	06033-2470	Transaction ID: VN7A7A2CXB2  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse		Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:   House District: 09
Dena Grayson MD, PHD		<b>x</b> Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disbursement For:   ✓ Primary General  Other (specify)   ✓
Full Name of Payee		☐ Memo Ite	m Date of Public Distribution/Dissemination
Mission Control, Inc.			08 19 2016
Mailing Address 624 Hebron Ave			Amount
City	State	Zip Code	3247.72
Glastonbury	СТ	06033-2470	Transaction ID: VN7A7A2CXC0  Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M = M / D = D / Y = Y = Y
Mailhouse		Type 004	08 18 2016
Name of Federal Candidate		Support	Office Sought:
Darren Soto		<b>x</b> Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disbursement For: X Primary General 2016 Other (specify)
	,	,	Otner (specify) >
(a) SUBTOTAL of Itemized Independent Expendent	ditures		6495.45
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indep	endent expenditu	ires reported herein were	not made in cooperation, consultation, or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines	[Electronically Filed]	Date	03	03	/	2016	
Signature							

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HEDULE E (FEC Form 3X)			
MIZED INDEPENDENT EXPENDITURES	PAGE	37	С
	FOR LI	NF 24	OF

TEI	MIZED INDEPENDENT EXPENDITURES			PAGE 37 OF 65 FOR LINE 24 OF FORM 3X
NAN	ME OF COMMITTEE (In Full)		FEC IDE	ENTIFICATION NUMBER ▼
W	OMEN VOTE!			00473918
Che	ck if 24-hour report 48-hour report New report	ort Amends repor	t filed on	D = D / Y = Y = Y
Т	Full Name of Payee	Memo Ite	m Date of Public	Distribution/Dissemination
	Mission Control, Inc.		M M /	23 / 2016
	Mailing Address 624 Hebron Ave		Amount	
┢	City State	Zip Code		6495.45
	Glastonbury	06033-2470		: VN7A7A2G6R9 sement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	M 8 /	25 / 2016
	Name of Federal Candidate	<b>x</b> Support	Office Sought:	House District: 09
	Susannah Randolph	Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	140780.84	Disbursement For: [2016 Other (spe	<b>x</b> Primary General   ecify) ▶
Г	Full Name of Payee	☐ Memo Iter	Date of Public	Distribution/Dissemination
	Mission Control, Inc.		08 /	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 624 Hebron Ave		Amount	
-	City State	Zip Code		6495.45
	Glastonbury CT	06033-2470		: VN7A7A2G6S7 sement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08	25 / 2016
	Name of Federal Candidate	<b>x</b> Support	Office Sought:	House District: 09
	Susannah Randolph	Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	140780.84	Disbursement For: 2016 Other (spe	▼ Primary General Gecify)
(6	a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	12990.90
(I	SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	
(0	c) TOTAL Independent Expenditures		<b>&gt;</b>	
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Caroline Fines	ically Filed]	03 / 03	/ Y Y Y Y Y Y 2016
	Signature	Date		2010

	ITURES		PAGE 38 OF 65 FOR LINE 24 OF FORM
AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
WOMEN VOTE!			C C00473918
heck if 24-hour report 48-hour re	eport New re	eport Amends repo	ort filed on
Full Name of Payee Mission Control, Inc.		☐ Memo It	Date of Public Distribution/Dissemination  08 23 2016
Mailing Address 624 Hebron Ave			Amount
City	State	Zip Code	3247.73
Glastonbury	СТ	06033-2470	Transaction ID : VN7A7A2G6V3  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse		Category/ Type 004	08 / 25 / Y 2016
Name of Federal Candidate		Support	Office Sought:   M House District: 09
Dena Grayson MD, PHD		<b>X</b> Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	140780.84	Disbursement For:   ✓ Primary Gene 2016  Other (specify)
Full Name of Payee Mission Control, Inc.		☐ Memo Ite	Date of Public Distribution/Dissemination  08 / 24 / 2016
Mailing Address 624 Hebron Ave			Amount
City	State	Zip Code	3247.73
Glastonbury	СТ	06033-2470	Transaction ID : VN7A7A2G6W9  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse		Category/ Type 004	08 / 25 / Y Y Y 2016
Name of Federal Candidate		Support	Office Sought: X House District: 09
Dena Grayson MD, PHD		<b>x</b> Oppose	President Senate State: FL
•		140780.84	Disbursement For: X Primary Gene
Calendar Year-To-Date Per Election for Office Sought			Other (specify) -

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

(c) TOTAL Independent Expenditures.....

Caroline Fines	[Electronically Filed]	Date	03	/ 03	2016
Signature					

## S

party committee) any political party committee or its agent.

Caroline Fines

Signature

mage# 201609199030928531 CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITUI	RES				PAGE 39 FOR LINE	OF 65 24 OF FORM 3X
IAME OF COMMITTEE (In Full) WOMEN VOTE!				la.		ION NUMBER ▼
				C	C00473918	
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed o	on Man	D   D /	Y Y Y Y Y
Full Name of Payee Mission Control, Inc.		☐ Memo It	em	Date of Publi	c Distribution	n/Dissemination
				08	24	2016
Mailing Address 624 Hebron Ave				Amount		
City	State	Zip Code				3247.72
Glastonbury	СТ	06033-2470		ransaction ÍΕ Date of Disbu		
Purpose of Expenditure Mailhouse		Category/ Type 004		08	25	2016
Name of Federal Candidate		Support	Office	Sought:	<b>X</b> House	District:09
Darren Soto		<b>x</b> Oppose	F	President	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disburs 2016	Sement For:	✓ Primar	y General

Full Name of Payee		☐ Memo Ite	m	Date of Pu	blic Distributio	n/Dissemination
Mission Control, Inc.				08	23	2016
Mailing Address 624 Hebron Ave				Amount		
City	State	Zip Code		11		3247.72
Glastonbury	СТ	06033-2470		Transaction	ID: VN7A7A2 sbursement or	2G6Y5
Purpose of Expenditure Mailhouse		Category/ Type 004		08	25	2016
Name of Federal Candidate		Support	Offic	e Sought:	<b>X</b> House	District:09
Darren Soto		<b>x</b> Oppose		President	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		140780.84	Disb 2016		: <b>x</b> Primai	ry General
(a) SUBTOTAL of Itemized Independent E	xpenditures		. •		7	6495.44
(b) SUBTOTAL of Unitemized Independent	t Expenditures		•		<i>-</i>	
(c) TOTAL Independent Expenditures			•		<i>-</i>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political

[Electronically Filed]

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Date

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2016

TEMIZED IN	DEPENDENT EXPENDITURI	ES					PAGE 40 FOR LINE 2	OF 65 24 OF FORM 3X
	MMITTEE (In Full)					FEC II		ON NUMBER ▼
WOMEN \	/OTE!					С	C00473918	
Check if 24	4-hour report 48-hour report	New repo	ort Ame	nds repo	ort filed on	M = M /	D   D /	Y = Y = Y
Full Name o				Memo Ite	em Date	of Public	c Distribution/	/Dissemination
Moxie Me						M M M	21	2016
Mailing Add	ress PO Box 30084				Amo	ount		
City		State	Zip Code		-			9669.72
Seattle		WA	98113-2084				: VN7A7A1	ГЕС7
Purpose of Mailhouse	Expenditure		Category/ Type	001		08	04	2016
Name of Fe	ederal Candidate		X Su	upport	Office Soug	aht:	<b>X</b> House	District:07
Pramila Jay	apal			ppose	Presi		Senate	State: WA
	lar Year-To-Date ection for Office Sought		48200.98		Disburseme 2016	ent For: Other (sp	➤ Primary	General
Full Name of				Memo Ite	m Date	e of Publi	c Distribution	/Dissemination
Moxie N		_				M M M	22	2016
Mailing Add	PO Box 30084			_	Amo	ount		
City		State	Zip Code				- 40	9669.72
Seattle		WA	98113-2084				D: VN7A7A1 ursement or (	
Purpose of Mailhouse	Expenditure		Category/ Type	001		08 08	04	2016
Name of Fe	ederal Candidate		<b>x</b> Su	upport	Office Sou	ght:	<b>X</b> House	District:07
Pramila Jay	rapal		O	ppose	Presi	ident	Senate	State: WA
	dar Year-To-Date ection for Office Sought		48200.98		Disburseme 2016	ent For: Other (sp	Primary	/ General
(a) SUBTOTA	AL of Itemized Independent Expend	itures			• [		1 7	19339.44
(b) SUBTOTA	AL of Unitemized Independent Expe	nditures			. •			
(c) TOTAL In	ndependent Expenditures				· [	-		
with, or at the	y of perjury I certify that the indepe e request or suggestion of, any cand tee) any political party committee or	didate or authorized						
	Caroline Fines	[Flectron	nically Filed]		M	/ 02		Y
Signature		Electronic		Date	9 03	03	201	0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES	PAGE 41 OF FOR LINE 24 OF F	65 ORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUM	BER ▼
WOMEN VOTE!	C C00473918	
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report	YYY
Full Name of Payee Moxie Media		nation
Mailing Address PO Box 30084	Amount	10
City State	Zip Code 862	5.12
Seattle WA	98113-2084 Transaction ID: VN7A7A1W831 Date of Disbursement or Obligation	
Purpose of Expenditure Mailhouse		16
Name of Federal Candidate	Support Office Sought: House District:	07
Pramila Jayapal	Oppose President Senate State:	WA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ★ Primary 2016 Other (specify) ▶	General
Full Name of Payee Moxie Media		ination 016
Mailing Address PO Box 30084	Amount	
City State	Zip Code 966	9.72
Seattle WA	98113-2084 Transaction ID : VN7A7A1W968 Date of Disbursement or Obligation	n
Purpose of Expenditure Mailhouse		016
Name of Federal Candidate	Support Office Sought: X House District:	07
Pramila Jayapal	Oppose President Senate State:	10/0
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:   We Primary  2016  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	18294	.84
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •	-
	enditures reported herein were not made in cooperation, consultation, or uthorized committee or agent of either, or (if the reporting entity is not a	
Caroline Fines	M M / D D / Y Y Y	

[Electronically Filed]

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	CHEDULE E (FEC Form 3) EMIZED INDEPENDENT EXPEND					PAGE 42	OF 65 4 OF FORM 3X
NI.	AME OF COMMITTEE (In Full)						
	VOMEN VOTE!				FEC ID	ENTIFICATIO	N NUMBER ▼
_	voiner voile.				C	C00473918	
CI	neck if 24-hour report 48-hour	report New report	ort Amends repo	ort filed	on/	D   D /	Y I Y I Y I Y
	Full Name of Payee Moxie Media		☐ Memo It	tem	Date of Public		
	mexic media				07	27	2016
	Mailing Address PO Box 30084				Amount		
	City	State	Zip Code				9669.72
	Seattle	WA	98113-2084		Transaction ID Date of Disbu		/975
	Purpose of Expenditure Mailhouse		Category/ Type 001		08	04	2016
	Name of Federal Candidate		<b>✗</b> Support	Office	Sought:	House [	District: 07
	Pramila Jayapal		Oppose		President	Senate	State: WA
	Calendar Year-To-Date Per Election for Office Sought		48200.98	Disbu 2016	orsement For: Other (spe	<b>X</b> Primary ecify) ►	General
	Full Name of Payee		☐ Memo Ite	em	Date of Public	Distribution/	Dissemination
	Moxie Media				M M / / 08	15	2016
	Mailing Address PO Box 30084				Amount		
	City	State	Zip Code				16914.74
	Seattle	WA	98113-2084		Transaction ID Date of Disbu		
	Purpose of Expenditure Mailhouse		Category/ Type 004		08	18	2016
	Name of Federal Candidate		<b>✗</b> Support	Office	Sought:	<b>⊀</b> House	District: 26
	Annette Taddeo		Oppose		President	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		103113.67	Disbu 2016	orsement For: Other (sp	Primary ecify) ▶	General
						-	
	(a) SUBTOTAL of Itemized Independent I	Expenditures		·· <b>•</b>	7		26584.46
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		·· •	7		
	(c) TOTAL Independent Expenditures			·· <b>•</b>	7		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	Caroline Fines			IVI —	M / D D	/ ٧ ٧	Y Y

[Electronically Filed]

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	CHEDULE E (FEC Form 3) EMIZED INDEPENDENT EXPEND				L	PAGE 43	OF 65 4 OF FORM 3X
NL	AME OF COMMITTEE (In Full)						
	VOMEN VOTE!				FEC IDE	ENTIFICATIO	N NUMBER ▼
	VOIMER VOTE:				C	00473918	
CI	neck if 24-hour report 48-hour r	report New report	ort Amends repo	ort filed	on M M /	D   D /	Y = Y = Y = Y
	Full Name of Payee Moxie Media		☐ Memo It	tem	Date of Public		
					08	17	2016
	Mailing Address PO Box 30084				Amount		
	City	State	Zip Code				16914.74
	Seattle	WA	98113-2084	1	Transaction ID		SM8
	Purpose of Expenditure Mailhouse		Category/ Type 004		08 /	18	2016
	Name of Federal Candidate		<b>x</b> Support	Office	Sought: X	House [	District: 26
	Annette Taddeo		Oppose		President	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		103113.67	Disbui 2016	rsement For: [	<b>X</b> Primary ecify) ►	General
	Full Name of Payee		☐ Memo Ite	em	Date of Public	Distribution/	Dissemination
	Moxie Media				M - M /	19	2016
	Mailing Address PO Box 30084				Amount		
	City	State	Zip Code				11726.05
	Seattle	WA	98113-2084		Transaction ID Date of Disbur	-	
	Purpose of Expenditure Mailhouse		Category/ Type 004		08	18	2016
	Name of Federal Candidate		<b>X</b> Support	Office	Sought:	House I	District:26
	Annette Taddeo		Oppose		President	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	7	103113.67	Disbu 2016	rsement For: Other (spe	Primary ecify) ►	General
	(a) SUBTOTAL of Itemized Independent I	Expenditures		▶	7	-7-	28640.79
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		·· <b>•</b>	4		
	(c) TOTAL Independent Expenditures			·· <b>•</b>			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	Caroline Fines			M	M / D D	/ ٧ ٧	Y

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TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 44 OF 65 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	VOMEN VOTE!		C C00473918
Ch	neck if 24-hour report 48-hour report New rep	ort Amends report	filed on M M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Memo Iter	Date of Public Distribution/Dissemination
	Mailing Address		08 19 / 2016
	PO Box 30084		Amount
	City State	Zip Code	6040.69
	Seattle WA	98113-2084	Transaction ID : VN7A7A2CXE5  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:   M House District: 26
	Joe Garcia	<b>x</b> Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:   ✓ Primary General  Other (specify)   ✓
	Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
	Moxie Media		08 22 2016
	Mailing Address PO Box 30084		Amount
	City State	Zip Code	5751.01
	Seattle WA	98113-2084	Transaction ID: VN7A7A2F3J7  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	<b>x</b> Support	Office Sought:
	Annette Taddeo	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:   ✓ Primary General  2016  Other (specify)   ✓
	(a) SUBTOTAL of Itemized Independent Expenditures		11791.70
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Caroline Fines	nically Filed]	03 03 2016
	Signature	Date Date	2010

TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 45	OF 65 24 OF FORM 3X
	AME OF COMMITTEE (In Full)					FE	C IDENTIFICAT	ON NUMBER ▼
V	VOMEN VOTE!					C	C00473918	
Ch	neck if 24-hour report 48-hour report	New repo	ort A	mends repo	ort filed	on Mari	/ D = D	Y   Y   Y   Y   Y
	Full Name of Payee			Memo It	tem	Date of F	Public Distributio	n/Dissemination
	Moxie Media					<sup>M</sup> 08		2016
	Mailing Address PO Box 30084					Amount		
	City	State	Zip Code			T		11163.73
	Seattle	WA	98113-20	84			on ID: VN7A7A2 Disbursement or	
	Purpose of Expenditure Mailhouse		Category			M 08	M / D D	2016
	Name of Federal Candidate			Support	Office	Sought:	<b>X</b> House	District:26
	Joe Garcia		x	Oppose		President	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	<b>7</b>	103113.6	67	Disbu 2016	rsement F	or: <b>X</b> Prima	ry General
	Full Name of Payee			Memo Ite	em	Date of I	Public Distributio	n/Dissemination
	Moxie Media					M 08		2016
	Mailing Address PO Box 30084					Amount		
	City	State	Zip Code			T		8457.37
	Seattle	WA	98113-20	84			on ID: VN7A7A Disbursement or	
	Purpose of Expenditure Mailhouse		Category Typ			08		2016
	Name of Federal Candidate		X	Support	Office	Sought:	<b>X</b> House	District: 26
	Annette Taddeo			Oppose		President	Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought	, , ,	103113.6	67	Disbu 2016		or: <b>x</b> Prima r (specify) ►	ry General
	(a) SUBTOTAL of Itemized Independent Expenditure	es			▶		<del></del>	19621.10
	(b) SUBTOTAL of Unitemized Independent Expendit	tures			·· •		<del></del>	
	(c) TOTAL Independent Expenditures				⊾			
							7	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized						
	Caroline Fines	[Flectron	ically Filed	, _	M	M / D		Y Y
	Signature	LERCHON		Date	9 03		03 20	016

TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 46 OF 65 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	VOMEN VOTE!		C C00473918
Ch	neck if 24-hour report 48-hour report New report	port Amends repor	t filed on
_	Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
	Moxie Media		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 30084		Amount
	City State	Zip Code	8457.37
	Seattle WA	98113-2084	Transaction ID: VN7A7A2G734  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 25 / 2016
	Name of Federal Candidate	<b>x</b> Support	Office Sought:   House District: 26
	Annette Taddeo	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	103113.67	Disbursement For:   ✓ Primary General  2016  Other (specify)   ✓
	Full Name of Payee	☐ Memo Iten	Date of Public Distribution/Dissemination
	Moxie Media		08 24 2016
	Mailing Address PO Box 30084		Amount
	City State	Zip Code	8457.37
	Seattle WA	98113-2084	Transaction ID: VN7A7A2G742  Date of Disbursement or Obligation
	Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 25 / 2016
	Name of Federal Candidate	Support	Office Sought:    House District: 26
	Joe Garcia	<b>x</b> Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	103113.67	Disbursement For:   ✓ Primary General  Other (specify)   ✓
	(a) SUBTOTAL of Itemized Independent Expenditures		16914.74
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Caroline Fines	nically Filed]	03 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	55 55

## SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 47 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	C C00473918
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Memo Item  Moxie Media	Date of Public Distribution/Dissemination
Mailing Address PO Box 30084	08 23 2016 Amount
	Amount
City State Zip Code	8457.37
	ransaction ID: VN7A7A2G750 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse  Category/ Type 004	08 25 2016
Name of Federal Candidate Support Office S	Sought:   House District: 26
loe Garcia	resident Senate State: FL
Calendar Year-To-Date  Disburse	ement For:  Primary General
Per Election for Office Sought 103113.67	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination  08
Mailing Address 48 Grove St	08 26 2016 Amount
Ste 202	055.55
CONTICT VINC	855.55  ransaction ID: VN7A7A2JPX7  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse  Category/ Type 004	08 / 31 / 2016
Name of Federal Candidate  X Support Office S	Sought:  House District:00
Lisa Blunt Rochester	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	ement For:   ✓ Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9312.92
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	•
Caroline Fines [Electronically Filed] Date 03	03 2016

TE	MIZED INDEPENDENT EXPENDITURE	S			PAGE 48 FOR LINE 24 C	OF 65 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION	
	OMEN VOTE!				C C00473918	TOMBER V
Che	eck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y	- Y - Y - Y
П	Full Name of Payee		☐ Memo It	em D	ate of Public Distribution/Dis	semination
	Precision Network, LLC				M M / D D / Y	2016
	Mailing Address 1140 Connecticut Ave NW Ste 800			A	mount	
ŀ	City	State	Zip Code	— Г	28	36885.97
	Washington	DC	20036-4010	<b>I</b>	Insaction ID : VN7A7A25MY ate of Disbursement or Oblice	9
	Purpose of Expenditure Media Buy Digital		Category/ Type 004		08 / 09 / Y	2016
ı	Name of Federal Candidate		<b>x</b> Support	Office So	ought: House Dist	rict:00
	Hillary Rodham Clinton		Oppose	<b>X</b> Pre	esident Senate St	ate:00
	Calendar Year-To-Date Per Election for Office Sought	7 7	3697100.23	Disburse 2016	ment For: Primary  Other (specify) ▶	<b>X</b> General
Ī	Full Name of Payee		☐ Memo Ite	em D	ate of Public Distribution/Dis	semination
	Precision Network, LLC				M M / D D / Y	2016
	Mailing Address 1140 Connecticut Ave NW			A	mount	
	Ste 800					-0000 00
	City Washington	State DC	Zip Code 20036-4010		ansaction ID : VN7A7A25MZ ate of Disbursement or Oblig	
	Purpose of Expenditure Media Buy Digital		Category/ Type 004		M M / D D / Y	2016
	Name of Federal Candidate		Support	Office So	ought: House Dis	trict: 00
	Donald J. Trump		<b>x</b> Oppose	<b>X</b> Pr	esident Senate S	tate:00
	Calendar Year-To-Date Per Election for Office Sought	7	3697100.23	Disburse 2016	ement For: Primary  Other (specify)	<b>✗</b> General
(	(a) SUBTOTAL of Itemized Independent Expendit	ures			84	3782.25
(	(b) SUBTOTAL of Unitemized Independent Exper	nditures				
(	(c) TOTAL Independent Expenditures			·· •	1 1 2 1 2 1	-
١	Under penalty of perjury I certify that the independent of the request or suggestion of, any cand party committee) any political party committee or	idate or authorized				
	Caroline Fines	[Electron	ically Filed]	M 03	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Signature		Date	, 03	2010	

SCHEDULE E (FEC Form 3 TEMIZED INDEPENDENT EXPENI				PAGE 49 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  WOMEN VOTE!			F	EC IDENTIFICATION NUMBER ▼
WOMEN VOTE.				C C00473918
Check if 24-hour report 48-hour	report New re	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee		Memo I	tem Date of	Public Distribution/Dissemination
Precision Network, LLC			0	
Mailing Address 1140 Connecticut Ave	NW		Amount	
Ste 800				
City	State	Zip Code		140664.51
Washington	DC	20036-4010		ion ÍD : VN7A7Á25N05 Disbursement or Obligation
Purpose of Expenditure Media Buy Digital		Category/ Type 004	0	8 09 7 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 00
Hillary Rodham Clinton		Oppose	<b>✗</b> Presiden	
Calendar Year-To-Date Per Election for Office Sought		3697100.23	Disbursement 2016 Oth	For: Primary   General er (specify) ▶
Full Name of Payee Precision Network, LLC		☐ Memo Ita	Date of	Public Distribution/Dissemination
Mailing Address 1140 Connecticut Ave	NW		Amount	
Ste 800				
City	State	Zip Code		273054.65
Washington	DC	20036-4010		ion ID : VN7A7A25N13 Disbursement or Obligation
Purpose of Expenditure Media Buy Digital		Category/ Type 004	C	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Donald J. Trump		<b>x</b> Oppose	<b>✗</b> Presiden	
Calendar Year-To-Date Per Election for Office Sought		3697100.23	Disbursement 2016	For: Primary K General er (specify)
				or (speedily) -
(a) SUBTOTAL of Itemized Independent	Expenditures		·· •	413719.16
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	
				4 1 4 1 4 1
(c) TOTAL Independent Expenditures			>	4 4
Under penalty of perjury I certify that the with, or at the request or suggestion of,		•		•

party committee) any political party committee or its agent. Caroline Fines

[Electronically Filed] 03 03 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITORES		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!		C C00473918
		0 0001100.10
Check if 24-hour report 48-hour report New rep	port Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Precision Network, LLC	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		08 / 11 / 2016
1140 Connecticut Ave NVV		Amount
Ste 800 City State	Zip Code	20000.00
Washington DC	·	Transaction ID : VN7A7A27DD7 Date of Disbursement or Obligation
Purpose of Expenditure Digital Media Buy and Production	Category/ Type 004	08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Donald J. Trump	X Oppose X	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought	3697100.23 Disbu 2016	orsement For: Primary   General  Other (specify)
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Precision Network, LLC		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1140 Connecticut Ave NW		Amount
Ste 800		
City State	Zip Code	10000.00
Washington DC	20036-4010	Transaction ID : VN7A7A2SJH1  Date of Disbursement or Obligation
Purpose of Expenditure Digital Media Buy and Production	Category/ Type 004	08 / 31 / 2016
Name of Federal Candidate	Support Office	e Sought: House District:00
Donald J. Trump	X Oppose X	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	3697100.23 Disbu 2016	ursement For: Primary   General  Other (specify)
		Care (opec.i)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
Caroline Fines [Electron	nically Filed] Date 0:	3 03 2016
Signature	Date	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURE	:S				PAGE 51 FOR LINE 24	OF 65 4 OF FORM 3X
NAME OF COMMITTEE (In Full)				FFC I		N NUMBER ▼
WOMEN VOTE!				C	C00473918	TO MIDENT
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M	/ D = D /	Y = Y = Y = Y
Full Name of Payee Precision Network, LLC		☐ Memo It	em Da	ate of Publ	ic Distribution/[	Dissemination 2016
Mailing Address 1140 Connecticut Ave NW			Ar	nount	U1	2010
Ste 800	State	Zip Code	— г			277238.54
Washington	DC	20036-4010			D: VN7A7A2S ursement or O	JK7
Purpose of Expenditure Media Buy Digital		Category/ Type 004		M M M	31	2016
Name of Federal Candidate		x Support	Office So	uaht:	House [	District: 00
Hillary Rodham Clinton		Oppose		sident	Senate	State: 00
Calendar Year-To-Date Per Election for Office Sought	, , ,	3697100.23	Disburser 2016	٦	Primary pecify) ▶	<b>✗</b> General
Full Name of Payee Precision Network, LLC  Mailing Address 1140 Connecticut Ave NW		☐ Memo Ite		M 09 mount	lic Distribution/l	Dissemination  Y Y Y Y Y Y 2016
Ste 800			г			22222
City Washington	State DC	Zip Code 20036-4010			D: VN7A7A2S	
Purpose of Expenditure Media Buy Digital		Category/ Type 004		08	31	2016
Name of Federal Candidate		Support	Office Sc	uaht.	House I	District: 00
Donald J. Trump		X Oppose		esident	Senate	State:00
Calendar Year-To-Date Per Election for Office Sought		3697100.23	Disburser 2016	ment For: Other (s	Primary pecify) ▶	<b>✗</b> General
(a) CURTOTAL of Housingd Independent Fungacia						0.405.40.47
(a) SUBTOTAL of Itemized Independent Expendit					-	346548.17
(b) SUBTOTAL of Unitemized Independent Exper	iditures		·· • _		7	
(c) TOTAL Independent Expenditures			·· • _			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize	s reported herein were d committee or agent o	not made of either, or	in coopera	ation, consultati	on, or concert not a political
Caroline Fines			MM	/ D = 0	/ ٧ ٧	Y

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Signature

	LE E (FEC Form 3X INDEPENDENT EXPEND					PAGE 52	OF 65 24 OF FORM 3X
NAME OF C	OMMITTEE (In Full)				====		
WOMEN	• •				I Tall		ON NUMBER ▼
					C	C00473918	
Check if	24-hour report 48-hour re	eport New re	eport Amends rep	ort filed	d on	/ D D /	Y Y Y Y Y
	e of Payee		Memo	ltem	Date of Publi	ic Distribution	n/Dissemination
Precisi	on Network, LLC				M M M	/ D D /	2016
Mailing A	ddress 1140 Connecticut Ave N	MM					20.0
	Ste 800	v v			Amount		
City	Sie 000	State	Zip Code				281737.71
Washingt	on	DC	20036-4010		Transaction II Date of Disb		
	of Expenditure		Category/		M = M	/ D D /	Y
Media Bu	uy Digital		Type 004		08	31	2016
Name of	Federal Candidate		<b>x</b> Support	Office	e Sought:	House	District: 00
Hillary Ro	odham Clinton		Oppose	×	President	Senate	State:00
Cale	endar Year-To-Date				ursement For:	Primar	y <b>X</b> General
Per	Election for Office Sought		3697100.23	2016	Other (s	pecify) ►	
	e of Payee sion Network, LLC		☐ Memo It	tem	Date of Publ	ic Distribution	n/Dissemination 2016
Ivialitie A	1140 Connecticut Ave N	W			Amount		
	Ste 800						
City		State	Zip Code		Transaction I	D - VAIZAZAC	104204.36
Washing	lton	DC	20036-4010		Date of Disb		
	of Expenditure uy Digital		Category/ Type 004		M M M	31	2016
Name of	Federal Candidate		Support	Offic	e Sought:	House	District:00
Donald J	. Trump		X Oppose	x	- L	Senate	State:00
	endar Year-To-Date Election for Office Sought	9	3697100.23	Disb 2016	ursement For: Other (s	Primar	y <b>X</b> General
(a) SUBT	OTAL of Itemized Independent E	xpenditures		▶	-	7	385942.07
(b) SUBT	OTAL of Unitemized Independen	t Expenditures					
. ,		•			-7		
(c) TOTAI	Independent Expenditures						
(4)	The state of the s			•		-	
l ladar as-	alty of parityry I contify that the	indonandant averanditure	as reported barain	not ==	ada in casas	tion consult	ation or consert
with, or at	alty of perjury I certify that the the request or suggestion of, ar mittee) any political party commi	ny candidate or authoriz					

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## SCHEDIII F F (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURE	ES				PAGE 53	OF 65 4 OF FORM 3X
NAME OF COMMITTEE (In Full)				FF0 II		
WOMEN VOTE!					C00473918	N NUMBER ▼
					000110010	
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on	M = M	/ D D /	Y Y Y
Full Name of Payee Priorities USA		Memo I	tem Date	of Publi	c Distribution/I	Dissemination
				07	14	2016
Mailing Address 601 13th St NW			Amo	ount		
Ste 610N						
City	State	Zip Code				54500.00
Washington	DC	20005-3807			D: VN7A7A1Q ursement or O	
Purpose of Expenditure Media Production		Category/ Type 004		08	04	2016
Name of Federal Candidate		<b>✗</b> Support	Office Soug	aht:	House [	District: 00
Hillary Rodham Clinton		Oppose	<b>✗</b> Presi		Senate	State: 00
Calendar Year-To-Date Per Election for Office Sought		3697100.23	Disburseme	ent For: Other (sp	Primary	<b>X</b> General
Full Name of Payee		Memo Ite			ic Distribution/	Discomination
Priorities USA			Date	M = M	/ D D /	Y Y Y Y Y
Mailing Address 601 13th St NW				08	02	2016
Ste 610N			Amo	ount		
City	State	Zip Code				1701.16
Washington	DC	20005-3807			D: VN7A7A21 ursement or C	
Purpose of Expenditure Media Production		Category/ Type 004		M M M 08	/ 04 /	2016
Name of Federal Candidate		Support	Office Sou	aht.	House	District: 00
Donald J. Trump		Oppose	X Presi		Senate	State: 00
Calendar Year-To-Date		0007400 00	Disbursemo	ent For:	Primary	<b>X</b> General
Per Election for Office Sought	-,,	3697100.23	2016	Other (sp	pecify) ►	
( ) QUETTE ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (						
(a) SUBTOTAL of Itemized Independent Expendit	tures		· •	7	7	56201.16
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·· •			
(c) TOTAL Independent Expenditures						
					-	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorize	•				•
Caroline Fines	[Electro	onically Filed] Date	o 03	/ 03	/ 2016	Y - Y
	-	· · · Date		30	2010	

## SCHEDULE E (FEC Form 3X)

SCHEDULL L (FLC FUIII 3X)						
TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 54 OF 65 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
WOMEN VOTE!			C C00473918			
Check if 24-hour report 48-hour report	New r	report Amends repor	t filed on			
Full Name of Payee		☐ Memo Ite	m Date of Public Distribution/Dissemination			
Priorities USA			08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 601 13th St NW						
Ste 610N			Amount			
City	State	Zip Code	5336.87			
Washington	DC	20005-3807	Transaction ID : VN7A7A2G837  Date of Disbursement or Obligation			
Purpose of Expenditure Media Production		Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Donald J. Trump		X Oppose	▼ President Senate State: 00			
Calendar Year-To-Date			Disbursement For: Primary Seneral			
Per Election for Office Sought		3697100.23	2016 Other (specify) >			
Full Name of Payee Ralston Lapp Media  Mailing Address 1054 21ct St NW		☐ Memo Iter	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
1054 31st St NW Ste 34			Amount			
City Ste 34	State	Zip Code	9724.20			
Washington	DC	20007-4403	Transaction ID : VN7A7A217P5  Date of Disbursement or Obligation			
Purpose of Expenditure Media Production		Category/ Type 004	08 / 04 / 2016			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Donald J. Trump		X Oppose	President Senate State: 00			
Calendar Year-To-Date Per Election for Office Sought		3697100.23	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expe	(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•			
	ndidate or authoriz	•	not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political			
Caroline Fines	[Electr	ronically Filed] Date	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signatura						

TEMIZED INDEPENDENT EXPENDITURES	>			PAGE 55 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!				C C00473918
Check if 24-hour report 48-hour report	New repo	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo It	tem Date	of Public Distribution/Dissemination
Ralston Lapp Media			[	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1054 31st St NW			Amo	unt
Ste 34	State	Zip Code	— Г.	8399.20
Washington	DC	20007-4403		action ID : VN7A7A2G7Z5 of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	_	08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Donald J. Trump		<b>X</b> Oppose	<b>✗</b> Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	3697100.23	Disburseme	ont For:  Primary
Full Name of Payee Shepardson Stern + Kaminsky		☐ Memo lte	em Date	of Public Distribution/Dissemination  OR OR OR 2016
Mailing Address 88 Pine St			Amo	
FI 30				5000.00
City New York	State NY	Zip Code 10005-1825	I	5000.00 saction ID : VN7A7A25MX1 s of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004		08 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Donald J. Trump		<b>x</b> Oppose	<b>X</b> Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	3697100.23	Disburseme 2016	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		· [	13399.20
(b) SUBTOTAL of Unitemized Independent Expend	ditures		<b>-</b>	
(c) TOTAL Independent Expenditures			· -	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized	•		•
Caroline Fines	[Electron	nically Filed] Date	a 03	03 2016
Signature		_ Date	,	

## SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 56 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	
Mailing Address 88 Pine St	9 01 2016
FI 30	
City State Zip Code	5000.00
New York NY 10005-1825 <b>Transact</b>	ion ID : VN7A7A2SJF5 Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type  004	
Name of Federal Candidate Support Office Sought:	House District: 00
Donald J. Trump	Trouse Bistriot.
Calendar Year-To-Date Per Election for Office Sought  Disbursement I 2016 Oth	
SKDKnickerbocker LLC  Mailing Address  1818 N St NW  Ste 450  City State Zip Code  Washington DC 20036-2473  Transact	09 2016
Purpose of Expenditure Category/	
Name of Federal Candidate    Support   Office Sought:   Kelly Ayotte   Presiden	House District: 00
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For: <b>X</b> Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	27190.81
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in corwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	•
Caroline Fines [Electronically Filed] Date 03	03 2016

	EMIZED INDEPENDENT EXPENDITURES		PAGE 57 OF 65 FOR LINE 24 OF FORM 3X
N/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	VOMEN VOTE!		C C00473918
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	t filed on
	Full Name of Payee Targeted Platform Media	☐ Memo Ite	Date of Public Distribution/Dissemination
	Mailing Address 1291 Hollywood Ave		08 02 2016 Amount
		7: 0 1	400570.00
	City State Annapolis MD	Zip Code 21403-4909	423570.30  Transaction ID: VN7A7A217N7  Date of Disbursement or Obligation
	Purpose of Expenditure Media Buy TV	Category/ Type 004	08 01 2016 2016
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Donald J. Trump	X Oppose	✓ President Senate State: 00
	Calendar Year-To-Date Per Election for Office Sought	3697100.23	Disbursement For:  Primary  General 2016  General  Other (specify) ▶
	Targeted Platform Media  Mailing Address  1291 Hollywood Ave  City State  Annapolis MD  Purpose of Expenditure  Media Buy TV  Name of Federal Candidate  Donald J. Trump  Calendar Year-To-Date  Per Election for Office Sought	Zip Code 21403-4909  Category/ Type  Support  Coppose  3697100.23	Date of Public Distribution/Dissemination    Max
	(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
		ically Filed] Date	03 / 03 / 2016
	Cignoture		

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CHEDULE E (FEC Form 3X)					
EMIZED INDEPENDENT EXPENDITURES		PAGE	58	OF	65
		FOR LI	NE 24	OF FC	DRM 3X
AME OF COMMITTEE (In Full)	FEC ID	ENTIFIC	CATION	NUM!	BER ▼

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!		C C00473918
Check if 24-hour report 48-hour report New rep	port Amends report	filed on Man / Dab / Yayayay
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Targeted Platform Media  Mailing Address		08 / 23 / 2016
1291 Hollywood Ave		Amount
City State	Zip Code	391119.00
Annapolis MD	21403-4909	Transaction ID : VN7A7A2G7R0  Date of Disbursement or Obligation
Purpose of Expenditure Media Buy TV	Category/ Type 004	08 / 19 / Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Donald J. Trump	<b>X</b> Oppose	▼ President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee	Memo Item	
The Pivot Group, Inc.	_ Memoriem	Date of Public Distribution/Dissemination  08 09 2016
Mailing Address 1720 I St NW		Amount
Ste 550		
City State	Zip Code	9562.50
Washington DC	20006-3741	Transaction ID: VN7A7Á25MS0  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse	Category/ Type 004	08 / 04 / 2016
Name of Federal Candidate	<b>✗</b> Support (	Office Sought:
Val Demings	Oppose	President Senate State: FL
Calendar Year-To-Date		Disbursement For:
Per Election for Office Sought	56754.60	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		400681.50
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Caroline Fines [Electron	nically Filed] Date	03 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

### S IT

CHEDULE E (FEC Form 3X)	
EMIZED INDEPENDENT EXPENDITURES	PAGE 59 OF 65 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	
,	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	C C00473918

WOMEN VOTE!			C C00473918				
Check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee		Memo Ito	em Date of Public Distribution/Dissemination				
The Pivot Group, Inc.			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1720   St NW							
Ste 550			Amount				
City	State	Zip Code	9562.50				
Washington	DC	20006-3741	Transaction ID: VN7A7A27RG3  Date of Disbursement or Obligation				
Purpose of Expenditure Mailhouse		Category/ Type 004	08 / 04 / 2016				
Name of Federal Candidate		<b>x</b> Support	Office Sought: X House District: 10				
Val Demings		Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought		56754.60	Disbursement For:  Primary General 2016				
<u> </u>	7		Other (specify) ▶				
Full Name of Payee The Pivot Group, Inc.		☐ Memo Ite	M M / D D / Y Y Y Y				
Mailing Address 1720 I St NW			08 15 2016				
Ste 550			Amount				
City	State	Zip Code	8621.82				
Washington	DC	20006-3741	Transaction ID : VN7A7A29RC7  Date of Disbursement or Obligation				
Purpose of Expenditure Mailhouse		Category/ Type 004	08 / 11 / 2016				
Name of Federal Candidate		<b>x</b> Support	Office Sought:				
Val Demings		Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought		56754.60	Disbursement For: X Primary General 2016				
<u></u> 5 5	, , , , ,		Other (specify) -				
(a) SUBTOTAL of Itemized Independent Ex	penditures		. ▶ 18184.32				
(b) SUBTOTAL of Unitemized Independent	Expenditures						
(c) TOTAL Independent Expenditures			<b>•</b>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Caroline Fines	[Electron	ically Filed] Date	03 03 2016				
Signature		_ Date					

Signature

	CHEDULE E (FEC Form 3X EMIZED INDEPENDENT EXPENDED					PAGE 60	OF 65 4 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC		ON NUMBER ▼
١	WOMEN VOTE!				С	C00473918	
С	heck if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	M = M		Y = Y = Y = Y
	Full Name of Payee The Pivot Group, Inc.		☐ Memo l	tem Dat	e of Pub	lic Distribution/	Dissemination 2016
	Mailing Address 1720 I St NW			Am	ount		
	Ste 550						
	City Washington	State DC	Zip Code 20006-3741			D: VN7A7A2Coursement or C	
	Purpose of Expenditure Mailhouse		Category/ Type 004		08	11	2016
	Name of Federal Candidate		<b>✗</b> Support	Office Sou	ight:	<b>X</b> House	District:10
	Val Demings		Oppose		sident	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		56754.60	Disbursem 2016		➤ Primary pecify) ►	General
	Full Name of Payee The Pivot Group, Inc.  Mailing Address 1720   St NW Ste 550		☐ Memo Ité		08	lic Distribution/	2016
	City	State	Zip Code				1568.40
	Washington	DC	20006-3741			ID: VN7A7A27 oursement or C	
	Purpose of Expenditure Mailhouse		Category/ Type 004		08	18	2016
	Name of Federal Candidate		<b>x</b> Support	Office Sou	ıght:	<b>✗</b> House	District: 10
	Val Demings		Oppose		sident	Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought		56754.60	Disbursen 2016			General
	(a) SUBTOTAL of Itemized Independent E	xpenditures			-	1 1 7	10414.86
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		·· •			
	(c) TOTAL Independent Expenditures			▶			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized					

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Signature

	CHEDULE E (FEC Form 3X)				
TI	EMIZED INDEPENDENT EXPENDI	TURES			PAGE 61 OF 65 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
٧	VOMEN VOTE!				C00473918
Cł	heck if 24-hour report 48-hour re	port New rep	ort Amends repo	rt filed on	M / D D / Y D Y D Y
	Full Name of Payee The Pivot Group, Inc.		☐ Memo It	em Date of	
	Mailing Address 1720 I St NW			Amount	
	Ste 550	01-1-	7'- O- I-		000.00
	City Washington	State DC	Zip Code 20006-3741		200.00 on ID : VN7A7A29RD5 Disbursement or Obligation
	Purpose of Expenditure Mailhouse		Category/ Type 004	OS	M / D D / Y Y Y Y
	Name of Federal Candidate		<b>✗</b> Support	Office Sought:	₩ House District: 10
	Val Demings		Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		56754.60	Disbursement F 2016 Othe	For: X Primary General er (specify)
	Full Name of Payee The Pivot Group, Inc.		☐ Memo Ite	Date of	Public Distribution/Dissemination  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1720 I St NW			Amount	
	Ste 550	State	Zip Code	— I	200.00
	Washington	DC	20006-3741		ion ID : VN7A7A2CQT8 Disbursement or Obligation
	Purpose of Expenditure Mailhouse		Category/ Type 004	0	
	Name of Federal Candidate		<b>x</b> Support	Office Sought:	■ House District: 10
	Val Demings		Oppose	Presiden	
	Calendar Year-To-Date Per Election for Office Sought	7 7	56754.60	Disbursement I 2016 Oth	For: X Primary General er (specify)
	(a) SUBTOTAL of Itemized Independent Ex	xpenditures			400.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 7
	(c) TOTAL Independent Expenditures			·	4
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			

[Electronically Filed]

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Date

2016

Signature

	CHEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES	:			PAGE 62 OF 65	_
	IMPER INDER ENDERT EXPENDITIONES				FOR LINE 24 OF FORM 3X	_
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
V	VOMEN VOTE!				C C00473918	
Ch	eck if 24-hour report 48-hour report	New r	report Amends repo	ort filed o	on M = M / D = D / Y = Y = Y	
	Full Name of Payee		☐ Memo I	tem	Date of Public Distribution/Dissemination	
	The Pivot Group, Inc.				08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 1720 I St NW				Amount	
	Ste 550	State	Zip Code		8846.46	ı
	Washington	DC	20006-3741	1	Transaction ID : VN7A7A2F3H9  Date of Disbursement or Obligation	
	Purpose of Expenditure Mailhouse		Category/ Type 004		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate		<b>x</b> Support	Office	Sought: House District: 10	_
	Val Demings		Oppose		President Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought	7	56754.60	Disbur 2016	rsement For:  Primary General Other (specify) •	
	Full Name of Payee The Pivot Group, Inc.		☐ Memo Ite	em	Date of Public Distribution/Dissemination	
	Mailing Address 1720 I St NW				Amount	
	Ste 550	State	Zip Code		8846.46	i
	Washington	DC	20006-3741	1	Transaction ID : VN7A7A2G7P4  Date of Disbursement or Obligation	l
	Purpose of Expenditure Mailhouse		Category/ Type 004		08 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate		<b>✗</b> Support	Office	Sought:  House District: 10	_
	Val Demings		Oppose		President Senate State: FL	-
	Calendar Year-To-Date Per Election for Office Sought	7	56754.60	Disbur 2016	rsement For:   ✓ Primary   General  Other (specify)   ✓	_
	(a) SUBTOTAL of Itemized Independent Expenditure	es		▶	17692.92	
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		·· •		
	(c) TOTAL Independent Expenditures			··· <b>▶</b>		
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authoriz				

[Electronically Filed]

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Date

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2016

## 17

	CHEDULE E (FEC Form 3X)						
ΓΕ	EMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 65 FOR LINE 24 OF FORM 3X		
	AME OF COMMITTEE (In Full)	_	-		FEC IDENTIFICATION NUMBER ▼		
W	VOMEN VOTE!				C C00473918		
 Ch	neck if 24-hour report 48-hour report New r	repo	ort Amends repo	ort filed	d on M = M / D = D / Y = Y = Y		
	Full Name of Payee The Pivot Group, Inc.	_	☐ Memo Ite	em	Date of Public Distribution/Dissemination  08 26 2016		
	Mailing Address 1720 I St NW Ste 550				Amount		
	City State		Zip Code		18842.66		
	Washington DC		20006-3741	_	Transaction ID : VN7A7A2JPP2 Date of Disbursement or Obligation		
	Purpose of Expenditure Mailhouse	_	Category/ Type 004		08 / 31 / 2016		
	Name of Federal Candidate		<b>x</b> Support	Offic	ee Sought:		
	Lisa Blunt Rochester		Oppose		President Senate State: DE		
	Calendar Year-To-Date Per Election for Office Sought	_	60172.48	Disb 2016	oursement For:		
	Full Name of Payee The Pivot Group, Inc.	☐ Memo Item Da			Date of Public Distribution/Dissemination  08 29 2016		
	Mailing Address 1720 I St NW				Amount		
	Ste 550 City State		Zip Code		18842.66		
	City State Washington DC		20006-3741		Transaction ID : VN7A7A2JPQ9 Date of Disbursement or Obligation		
	Purpose of Expenditure Mailhouse		Category/ Type 004		08 / 31 / 2016		
	Name of Federal Candidate		<b>x</b> Support	Offic	ce Sought:		
	Lisa Blunt Rochester		Oppose		President Senate State: DE		
	Calendar Year-To-Date Per Election for Office Sought	<u>,                                     </u>	60172.48	Disb 2016	oursement For:   Primary General  Other (specify)		
	(a) SUBTOTAL of Itemized Independent Expenditures			·· <b>•</b>	37685.32		
	(b) SUBTOTAL of Unitemized Independent Expenditures		,	·· •			
	(c) TOTAL Independent Expenditures			•			
	Under penalty of perjury I certify that the independent expenditure	ıres	reported herein were	not m	nade in cooperation, consultation, or concert		

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines	[Electronically Filed]	Date	03	03	/	2016
Signature						

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITUR	iES				PAGE 64	OF 65 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FF0.1		
WOMEN VOTE!						ION NUMBER ▼
				C	C00473918	
Check if 24-hour report 48-hour report	New r	eport Amends repo	ort filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Payee		☐ Memo It	tem [	ate of Publ	ic Distribution	n/Dissemination
The Pivot Group, Inc.				M M M	/ D D /	2016
Mailing Address 1720   St NW				00	20	2010
Ste 550			A	mount		
City	State	Zip Code				45756.98
Washington	DC	20006-3741			D : VN7A7A2	
Purpose of Expenditure		Category/		M M	oursement or	Obligation
Mailhouse		Type 004		08	31	2016
Name of Federal Candidate		Support	Office S	ought:	House	District: 00
Joe Heck		X Oppose		esident	<b>X</b> Senate	State: NV
Calendar Year-To-Date			Disburse	ement For:	Primar	y <b>X</b> General
Per Election for Office Sought		92819.05	2016	Other (s	pecify) ►	
Full Name of Payee The Pivot Group, Inc.		☐ Memo Ite	em [	M = M	/ D D	n/Dissemination
Mailing Address 1720 I St NW				08	30	2016
Ste 550			A	Amount		
City	State	Zip Code				45756.98
Washington	DC	20006-3741			D: VN7A7A2 oursement or	
Purpose of Expenditure Mailhouse		Category/ Type 004		M M M	31	2016
Name of Federal Candidate		Support	Office S	ought:	House	District: 00
Joe Heck		<b>x</b> Oppose		resident	<b>X</b> Senate	State: NV
Calendar Year-To-Date		92819.05	Disburse	ement For:	Primar	y <b>x</b> General
Per Election for Office Sought		92819.03	2010	Other (s	specify) 🕨	
(a) SUBTOTAL of Itemized Independent Expendent	ditures			1 1 7		91513.96
			- 7			
(b) SUBTOTAL of Uniternized Independent Expenses	enditures		·· •		-	
(c) TOTAL Independent Expenditures			、 Г			
, ,						-45
Under penalty of perjury I certify that the indep	endent expenditur	es reported herein were	not made	in cooner	ation, consults	ation, or concert
with, or at the request or suggestion of, any car	ndidate or authoriz					
party committee) any political party committee o	ı ııs agent.					

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TE	EMIZED INDEPENDENT EXPENDITURES	S			PAGE 65 OF 65 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V۱	VOMEN VOTE!				C C00473918
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
٦	Full Name of Payee		Memo It	iem Da	ate of Public Distribution/Dissemination
	The Pivot Group, Inc.				08 31 2016
	Mailing Address 1720 I St NW Ste 550			An	mount
	City	State	Zip Code	<u> —</u> Г	21631.61
	Washington	DC	20006-3741		Insaction ID : VN7A7A2SET3 ate of Disbursement or Obligation
	Purpose of Expenditure Mailhouse		Category/ Type 004		08 / 31 / 2016
	Name of Federal Candidate		<b>✗</b> Support	Office Sor	ought: 🗶 House District:00
	Lisa Blunt Rochester		Oppose		esident Senate State: DE
	Calendar Year-To-Date Per Election for Office Sought		60172.48	Disbursen 2016	ment For:   ✓ Primary General  Other (specify)  ✓
	Full Name of Payee Waterfront Strategies		☐ Memo lte	em Da	ate of Public Distribution/Dissemination
	Mailing Address 3050 K St NW			An	mount
	Ste 100				
	City Washington	State DC	Zip Code 20007-5161		583343.00 ansaction ID : VN7A7A25MT8
	Purpose of Expenditure Media Buy TV		Category/ Type 004	Da	ate of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office So	ought: House District:00
	Kelly Ayotte		<b>x</b> Oppose		esident Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought	7	2247856.55	Disburser 2016	ment For:   Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditu	ıres			604974.61
	(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>.</b> [	
	(c) TOTAL Independent Expenditures			·· • [	4572010.53
1	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
	Caroline Fines	[Electron	nically Filed] Date		03 2016
	Signature		_ Date	, <u> </u>	